

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. _____
Registered No. 147

1. PLACE OF BIRTH

County Gila State Arizona
District or Township _____ or Village _____
City Globe No. Gila County Hosp St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Anna Ruth Naegelin
(If child is not yet named, make supplemental report, as directed.)

3. Sex of Child Female To be answered ONLY in event of plural births.
4. Twin, triplet or other _____ 5. No., in order of birth _____ 6. Legitimate? Yes
7. Date of birth July 24 1930
Month Day Year

8. FATHER Naegelin
Full name Emil Gustave Naegelin

9. Residence Miami
(Usual place of abode) Ariz.
If non-resident, give place and state.

10. Color or race White
11. Age at last birthday 43 (Years)

12. Birthplace (city or place) Las Vegas
(State or country) New Mexico

13. Occupation Groceryman
Nature of industry

14. MOTHER
Full maiden name Bessie Emeteria Pipton

15. Residence Miami
(Usual place of abode) Ariz.
If non-resident, give place and state.

16. Color or race White
17. Age at last birthday 42 (Years)

18. Birthplace (city or place) Watrous
(State or country) New Mexico

19. Occupation Housewife
Nature of industry

20. Number of children of this mother 4
(Taken as of time of birth of child herein certified and including this child.)
(a) Born alive and now living 3
(b) Born alive but now dead 1
(c) Stillborn 0
21. Were precautions taken against ophthalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 9:30 P m. on the date above stated
(Born alive or stillborn)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature C. W. Adams
Physician
(Physician or midwife).

Given name added from a supplemental report _____ Address Box 636 Globe, Ariz.

Month, day, year _____ Filled 8/9 1930 H. E. Wightman
Registrar Registrar

155-721-235

N. B.—In case of more than one child at a birth, a separate and full order of birth stated.